FEB 27 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1614

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.:
Township: Galena — Primary Registration District No.: 2002 — Registered No.:
City: Oronogo (No. Freeman Hospital St. Ward)

2. FULL NAME: William Hundley
(a) Residence. No. [illegible] St., Ward. Oronogo, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF OR WIFE OF: Clara Hundley

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	10	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Mining Engineer
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN): Middle Sublimity
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Edward Lewis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cash Self
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Leonora Self
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Leonora Self
(STATE OR COUNTRY)

14. INFORMANT: Dolly Hundley
(Address): 502 W. 2nd

15. FILED: 1-26, 1934 — Ed Dyson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 22 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 22, 1934, that I last saw him alive on Jan 22, 1934, and that death occurred, on the date stated above, at 10-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
750
(duration) ....yrs. mos. 28 ds.

CONTRIBUTORY (SECONDARY): Age
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —
DID AN OPERATION PRECEDE DEATH? No DATE OF: —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) J. Burson, M. D.
, 19 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Werner Cemetery — DATE OF BURIAL: Jan 28 1934
20. UNDERTAKER: Mell & McCarthy — ADDRESS: Carthage Mo